FRANKLIN TEMPLETON®

529 College Savings Plan

Franklin Templeton 529 College Savings Plan

Distribution Request Form

- For faster processing, you can request a distribution online at **Franklintempleton529.com**.
  Note: You can also request most distributions by telephone.
- Use this form to request a full or partial Qualified distribution, Non-Qualified distribution or Indirect Rollover from your Franklin Templeton 529 College Savings Plan Account. You must submit a separate form for each distribution you are requesting. The earnings portion of Non-Qualified distributions from your Account may be subject to federal income tax and an additional 10% federal penalty tax and may be subject to state and local income taxes. State tax treatment of distributions for K-12, apprenticeship expenses, and qualified education loan repayments is determined by the state(s) where the taxpayer files state income tax. Please review the Franklin Templeton 529 College Savings Plan Description and consult with a tax advisor.
- The Franklin Templeton 529 College Savings Plan is required to file IRS Form 1099-Q when you take a distribution from your Franklin Templeton 529 College Savings Plan Account.

(866) 362-1597
Monday to Friday 8:30 a.m. - 8 p.m. ET

Franklintempleton.com

Regular mailing address:
Franklin Templeton 529 College Savings Plan
PO BOX 55961
Boston, MA 02205

Overnight mailing address:
Franklin Templeton 529 College Savings Plan
95 Wells Ave Suite 160
Newton, MA 02459

- A contribution must be invested with Franklin Templeton 529 College Savings Plan for a period of 5 Business Days prior to distribution.
- If the address on your Account has changed, a hold will be placed on the issuance of this distribution until 10 Business Days have passed.
- A Medallion Signature Guarantee may be required. See **Section 6** below.
- If this distribution request is being sent to a bank that has been added to your account in the past 15 Calendar Days, a hold will be placed on the issuance of this distribution until the 15 Calendar Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below in **Section 6**.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. **Do not staple**.

To request assistance in completing this form call us at **(866) 362-1597**, Monday through Friday from 8:30 a.m. - 8 p.m. ET.

1. Account Owner Information

Account Number

Account Owner Social Security Number or Taxpayer Identification Number ***(Required)***

Account Owner or Entity *(First name)* ***(Required)*** *(M.I.)*

Account Owner or Entity *(Last name)* ***(Required)***

Telephone Number

2. Beneficiary Information

Beneficiary *(First name)* *(M.I.)*

Beneficiary *(Last name)*

Last 4 Digits of Beneficiary Social Security Number or Taxpayer Identification Number ***(Required)***

NJA WITHDRAWAL

3. Distribution Details *(Choose only one of the following A,B,C, or D)* (***Required***)

Important: Electronic payment by ACH is only available if you have already added bank information to your Account. It may take two to five business days for the proceeds of a distribution to transmit to your bank account. To establish bank services, please log in to your account online or download the **Account Features Form** at **Franklintempleton.com**.

Note: State tax treatment of distributions, including distributions for Qualified Elementary or Secondary Expenses, apprenticeship program expenses and qualified education loan repayments, is determined by the state(s) where the taxpayer files state income tax. Please review the Franklin Templeton 529 College Savings Plan Program Description and consult with a tax advisor.

Transactions for these accounts are based on market rules and pricing occurs at the close of the New York Stock Exchange (usually 4 p.m. Eastern time on regular business days). Distributions will receive the price for the trade date if your request is received in good order. Transactions for orders placed after that day's market closing time will have a recorded trade date of the following business day.

A. ☐ **Distribution to the Account Participant**

Distribution Type *(Choose only one of the following options).*

☐ Qualified Distribution for higher education expenses

☐ Qualified Elementary or Secondary Expenses

☐ Qualified Education Loan Repayment

☐ Registered or Certified Apprenticeship Program

☐ Non-Qualified Distribution

B. ☐ **Distribution to the Designated Beneficiary** *(This will be the tax responsible party who will receive the IRS Form 1099-Q).*

Distribution Type *(Choose only one of the following options).*

☐ Qualified Distribution for higher-education expenses

☐ Non-Qualified Distribution

Note: Distributions used to pay for the Beneficiary's Qualified Elementary or Secondary Expenses cannot be made payable to the Beneficiary.

Note: The distribution will be sent to the Beneficiary's address on record.

C. ☐ **Distribution to an eligible Educational Institution only.** *(Provide the exact school address below). (The Beneficiary will be the tax responsible party who will receive the IRS Form 1099-Q.)*

Note: An Eligible Educational Institution includes any college, university, vocational school, or other post-secondary institute recognized by the Department of Education. To determine if the school is an Eligible Educational Institution, please visit ***https://studentaid.gov/fafsa-app/FSCsearch***.

Eligible Educational Institution Name *(School)*

Department/Office/Contact Name ***(if applicable)***

Mailing Address

City State Zip Code —

Beneficiary's Student ID ***(required)***

D. ☐ **Indirect Rollover.** I will invest my distribution in another Section 529 program, an ABLE program or a Roth IRA, within the next 60 days in a manner that complies with the requirements for a tax-free Rollover. *(You will receive a check at your address of record.) (The Account Owner will be the tax responsible party who will receive the IRS Form 1099-Q).*

4. Delivery Method *(Choose **only one** of the following.)*

A. ☐ **First-class mail.** Check will be mailed via USPS.

B. ☐ **Expedited delivery.** *(Not available for P.O. Boxes, non street addresses. A transaction charge of $25 will be applied to your account.)*

C. ☐ **By Automated Clearing House (ACH) to Bank Account.** *(already on file)*.

Only available for distribution requests to Account Owner or Qualified distributions to the Beneficiary. Non-Qualified distributions to the Beneficiary must be sent via check.

Please confirm bank information on file:

Bank Name

Last four digits of Bank Account Number

☐ **Mail a check to an alternate address**. *(If not already on file, a signature guarantee is required)*

Mailing Address

City State Zip Code

☐ **Send check(s) to a new mailing address and update the address on the account(s).** *(A signature guarantee is required).*

Mailing Address

City State Zip Code

5. Amount of Distribution *(Choose one.)*

A. ☐ **Full balance.** Distribute the entire amount held in all of the Investment Portfolios in my Account, discontinue my Recurring Contribution *(if applicable)*, and close this Account.

B. ☐ **Partial Pro-Rated amount**

$ ___,___.__

Dollar Amount

Distribute this amount pro-rated from among my current Investment Portfolios. If the amount you indicate exceeds the amount available, Franklin Templeton 529 College Savings Plan will liquidate the entire balance, discontinue your Recurring Contribution, and close your Account.

C. ☐ **Partial Investment Portfolio Specific**

Important: If the dollar amount you indicate for a particular Investment Portfolio exceeds the amount available for distribute as of the previous business day, we will liquidate the entire balance invested in that Investment Portfolio.

Name of Investment Portfolio	**Dollar amount** *(For partial amounts.)*	**OR**	**Total balance** *(Check if applicable.)*
	$ ___,___.__		☐
	$ ___,___.__		☐
	$ ___,___.__		☐
	$ ___,___.__		☐
	$ ___,___.__		☐
	$ ___,___.__		☐
	$ ___,___.__		☐

Important: If you contribute to your Account through Payroll Direct Deposit, you must notify your employer to cancel these contributions.

☐ I am aware that requesting a distribution of funds may result in the forfieture of some or all of my Franklin Templeton 529 College Savings Plan Matching Grant account.

6. Signature and Certification — YOU MUST SIGN BELOW

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct. I authorize a distribution from my Account based on this information. I understand and agree to all terms of the distribution as presented on this Form and outlined in the Franklin Templeton 529 College Savings Plan Program Description.

If this withdrawal is for Qualified Higher Education Expenses, I further certify that:

- The requested distribution is for Qualified Higher Education Expenses as defined in the Franklin Templeton 529 College Savings Plan Program Description.
- If I am participating in Recurring Contributions, my participation will be canceled if I have requested a distribution of my entire Account balance (in all Investment Options) but it will continue if I have only requested a partial distribution from my Account unless an Account Features Form accompanies this form.
- If I am making contributions by payroll direct deposit, I understand my payroll contributions will continue into this Account, regardless of the amount withdrawn, unless I notify my employer to stop my payroll direct deposit.
- For trust Accounts, including Uniform Gifts to Minors and Uniform Transfers to Minors (UGMA/UTMA) Accounts, I certify that I am the Trustee, or custodian, of this Account and that this distribution is authorized under the applicable Trust instrument, the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfer to Minors Act (UTMA), as the case may be, and is necessary for the welfare of the Beneficiary.
- For Accounts with an entity as an Account Owner, including Trust Accounts with an entity as trustee or custodian, I certify I am authorized by the entity that is the Account Owner identified in **Section 1** to act on its behalf in making this distribution and I have attached the appropriate documentation to substantiate authorization for this transaction.

I certify that I am the Account Owner, or, if the Account Owner is an entity, that I have the authority to act on behalf of the Account Owner. If I am withdrawing the entire Account balance, I request the closure of the Account.

If this form requires a Medallion Signature Guarantee, do not sign below, proceed to Medallion Signature Guarantee section.

SIGNATURE

Signature of Account Owner or Authorized Representative of Entity

__ __ – __ __ – __ __ __ __

Date *(mm-dd-yyyy)*

Medallion Signature Guarantee — REFER TO THE LIST BELOW FOR GUIDANCE ON WHEN A MEDALLION SIGNATURE GUARANTEE MAY BE REQUIRED.

- If a distribution request is $250,000 or more, a Medallion Signature Guarantee must be provided.
- If this distribution request is being sent to a bank that has been added to your account in the past 30 calendar days, a hold will be placed on the issuance of this distribution until the 30 calendar days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below.
- If the address on your Account has changed, a hold will be placed on the issuance of this distribution until 20 Business Days have passed. In order to waive this hold, a Medallion Signature Guarantee must be provided below.
- A Medallion Signature Guarantee is required for all Entity Accounts except Accounts owned by a trust so long as the Plan has trust documents on file which include the current names of all trustees, or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Owner.
- You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee will be provided.
- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Franklin Templeton 529 College Savings Plan Description.

SIGNATURE

Signature of Account Owner or Authorized Representative of Entity

Signature Guarantor

Title

Name of Institution

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm-dd-yyyy)*

Authorized Officer to place stamp here